

File Original and First Copy with  
Department of Ecology  
Second Copy—Owner's Copy  
Third Copy—Driller's Copy

# WATER WELL REPORT

STATE OF WASHINGTON

Start Card, 29/2E/13 B

Water Right Permit No. \_\_\_\_\_

(1) OWNER: Name EAGLES Address \_\_\_\_\_

(2) LOCATION OF WELL: County ISLH NW 1/4 NE 1/4 Sec 13 T. 29 N., R. 2E W.M.

(2a) STREET ADDRESS OF WELL (or nearest address) \_\_\_\_\_

(3) PROPOSED USE: ☐ Domestic ☐ Industrial ☐ Municipal ☒  
☐ Irrigation ☐ Test Well ☐ Other ☒  
☐ DeWater

(4) TYPE OF WORK: Owner's number of well (if more than one) \_\_\_\_\_

Abandoned ☐ New well ☒ Method: Dug ☐ Bored ☐  
Deepened ☐ Cable ☒ Driven ☐  
Reconditioned ☐ Rotary ☐ Jetted ☐

(5) DIMENSIONS: Diameter of well 6 inches.  
Drilled 145 feet. Depth of completed well 145 ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6 Diam. from 8 ft. to 130 ft.  
Welded ☒ Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
Liner installed ☐ Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
Threaded ☐ Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Perforations: Yes ☐ No ☐

Type of perforator used \_\_\_\_\_

SIZE of perforations \_\_\_\_\_ in. by \_\_\_\_\_ in.  
\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Screens: Yes ☒ No ☐

Manufacturer's Name COOK  
Type SS W-LD Model No. \_\_\_\_\_  
Diam. 6 Slot size 12 from 135 ft. to 145 ft.  
Diam. \_\_\_\_\_ Slot size \_\_\_\_\_ from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Gravel packed: Yes ☐ No ☐ Size of gravel \_\_\_\_\_  
Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Surface seal: Yes ☒ No ☐ To what depth? 18 ft.  
Material used in seal BEUTE

Did any strata contain unusable water? Yes ☐ No ☐  
Type of water? \_\_\_\_\_ Depth of strata \_\_\_\_\_  
Method of sealing strata off \_\_\_\_\_

(7) PUMP: Manufacturer's Name \_\_\_\_\_  
Type: \_\_\_\_\_ H.P. \_\_\_\_\_

(8) WATER LEVELS: Land-surface elevation above mean sea level 120 ft.  
Static level 120 ft. below top of well Date \_\_\_\_\_  
Artesian pressure \_\_\_\_\_ lbs. per square inch Date \_\_\_\_\_  
Artesian water is controlled by \_\_\_\_\_ (Cap, valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level  
Was a pump test made? Yes ☐ No ☐ If yes, by whom? \_\_\_\_\_  
Yield: \_\_\_\_\_ gal./min. with \_\_\_\_\_ ft. drawdown after \_\_\_\_\_ hrs.

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time	Water Level	Time	Water Level	Time	Water Level

Date of test \_\_\_\_\_  
Bailer test 10 gal./min. with 20 ft. drawdown after 4 1/2 hrs.

Airtest \_\_\_\_\_ gal./min. with stem set at \_\_\_\_\_ ft. for \_\_\_\_\_ hrs.

Artesian flow \_\_\_\_\_ g.p.m. Date \_\_\_\_\_

Temperature of water \_\_\_\_\_ Was a chemical analysis made? Yes ☐ No ☐

(10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information.

MATERIAL	FROM	TO
TOP SOIL	0	1
CLAY GR	1	20
SAND GR	20	120
SAND LG GR	120	145

Work started 1/10/89, 19. Completed 4/15/89, 19.

WELL CONSTRUCTOR CERTIFICATION:

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

NAME RHL Drilling (TYPE OR PRINT)

Address 1589 E Roy Rd

(Signed) Joe L... License No. 6264

Contractor's Registration No. \_\_\_\_\_ Date 4/15/89, 19.

(USE ADDITIONAL SHEETS IF NECESSARY)



# Well Tagging Form

Unique Well Tag No: AGAS13

801

## RECORD VERIFICATION (check one)

☒

Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)

☐

Verification inconclusive

☐

Well Report not available

## WELL OWNERSHIP IF DIFFERENT FROM WELL REPORT

First Name: EAGLES

Last Name: 00912-E

Street Address: Same

City: \_\_\_\_\_

State: \_\_\_\_\_

## LOCATION OF WELL IF DIFFERENT FROM WELL REPORT

Well Address: Same

City: \_\_\_\_\_

County: \_\_\_\_\_

T. \_\_\_\_\_ N. R. \_\_\_\_\_ W.M. Sec. \_\_\_\_\_ 1/4 of the \_\_\_\_\_

## FOR AGENCY USE ONLY

Latitude 122° 29.882

Longitude N 48° 00.391

Elevation at land surface \_\_\_\_\_ feet/meters (circle one)

Additional information, if available:

☒

GPS

☐

Topographic Map

☐

Survey

☐

Computer generated

☐

Digital Altimeter

☐

Topographic Map

Other \_\_\_\_\_

☐

Location marked on topographic map (please attach)

☐

Location marked on air photo (please attach)

## FOR AGENCY USE ONLY

### WELL CHARACTERISTICS

Physical Description of well (size of casing, type of well, housing, etc.)

6" well casing, TNC WELL / SMALL WOOD HOUSE WITH LOTS OF INSULATION,  
STORAGE ROOM FOR MISC. ITEMS, SITUATED IN SHRUBBERY

Location of Well identification Tag:

ON WELL CASING

Was supplemental tag needed for ease of identifying well?

☐

Yes

☒

No

If yes, where was tag placed?

D	C	B	A
E	F	G	H
M	L	K	J
N	P	Q	R

Scale 1:24,000 (1"=2,000')

Indicate the location of the well within the Section by drawing a dot at that point.

SECTION

13 C

COMMENTS:

## FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Water Right #

Date Issued

Circle One:

Application

Permit

Certificate

Claim

Exempt